

Gaithersburg Youth Center Trip

CANOEING & CLEAN-UP

Mon., Sept. 12
9am-1:30pm

THE TRIP RETURNS AT 1:30PM, BUT
THE YOUTH CENTER WILL BE OPEN
UNTIL 6PM.

\$15

Members Only



BOHRER PARK ACTIVITY CENTER

506 S. FREDERICK AVE. GAITHERSBURG, MD 20877

SENECA CREEK PARK

11950 CLOPPER RD, GAITHERSBURG, MD 20878

JOIN US FOR A DAY OF CANOEING AND A PARK CLEAN-UP FOR SSL

OUR TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 9:00AM AND RETURN TO THE
YOUTH CENTER AT 1:30PM

PARENTS MUST PICK UP THEIR PARTICIPANT FROM THE YOUTH CENTER AT THE CONCLUSION OF THE TRIP.

Wear comfortable clothing & athletic shoes, bring water and lunch or snacks!
Sunscreen is recommended.

Registration Information:

Return Permission Slip & Payment
to **City of Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

Canoeing & Clean-Up #45690

☐ Check here if new address/phone since last time registered.

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
			Canoeing/Clean Up	45690	9/12/16			\$15

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 45690

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____